

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42843**  
Registrar's No. **10536**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>42843</b>		Registrar's No. <b>10536</b>		
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY _____					a. STATE <b>Missouri</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>					
c. LENGTH OF STAY (in this place) _____					2b. STREET ADDRESS (If rural, give location) <b>2821 Magazine St.</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital &amp; Infirmary</b>										
3. NAME OF DECEASED					4. DATE OF DEATH					
a. (First) <b>Norvella</b>					b. (Middle) <b>Jean</b>					
c. (Last) <b>Simpson</b>					d. (Month) <b>December</b> (Day) <b>7</b> (Year) <b>1950</b>					
(Type or Print)										
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>1</b>		8. DATE OF BIRTH _____		9. AGE (In years last birthday) <b>2</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Little Rock, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>				
13a. FATHER'S NAME <b>Lloyd Simpson</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Lee Thomas</b>			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>No</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Lloyd Simpson</b>			ADDRESS <b>2821 Magazine</b>	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____							
			ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
			DUE TO (b) <b>Toxic Shock</b>							
			DUE TO (c) <b>(Hypoproteinememia)</b>							
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>5710</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>520 P.</b> m., from the causes and on the date stated above.										
23a. SIGNATURE <b>Patricia E. Taylor</b> (Degree or title) <b>Coroner</b>					23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>12-11-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b> (State) _____				
DATE REC'D BY LOCAL REG. <b>DEC 11 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Koonce</b>			ADDRESS <b>1221 N. Grand Bl.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.